Home Health Certification and Plan of Care

Order ID: 1150/11931

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
27295033	08/16/2025	From: 08/16/2025 To: 10/14/2025	16443	217058

6. Patient's Name and Address
John Guidera
86 E Padonia Road Apt 302,
LUTHERVILLE TIMONIUM, MD 21093-
443-322-6687

7. Provider's Name, Address and Telephone Number
HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
410-321-8448
1487113239

8. DOB 01/29/1955 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
L03.115	Cellulitis of right lower limb	08/16/25

13. ICD	Other Pertinent Diagnoses	Date
I87.2	Venous insufficiency (chronic) (peripheral)	08/16/25
L97.811	Non-prs chr ulcer oth prt r low leg limited to brkdwn skin	08/16/25
Z79.2	Long term (current) use of antibiotics	08/16/25

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Amoxicillin-Pot Clavulanate (AUGMENTIN) 875- 125 mg Oral Tab 875- 125 mg , Take 1 tablet by mouth every 12 hours Take 1 tablet by mouth every 12 hours for 14 days

Doxycycline Hyclate (LYMEPAK) 100 mg Oral Tab 100 mg , Take 1 tablet by mouth every 12 hours Take 1 tablet by mouth every 12 hours for 14 doses

14. DME and Supplies:
wound care supplies, cane

15. Safety Measures:
standard precautions, ambulates with device, fall precautions, medication safety

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance

18.B. Activities Permitted
Cane, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Cellulitis of right lower limb, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device

Clinical Condition Requiring Homecare:

Start of care (SOC) was completed for a patient recently diagnosed with a venous stasis ulcer on the right leg, bilateral lower extremity edema, and acute cellulitis. The patient was prescribed a 14-day course of two antibiotics and reports recent swelling due to hot weather. A skilled nurse (SN) was assigned for wound assessment and care. The patient lives alone and requires education and support to manage the condition effectively. On assessment, the patient was alert and oriented 3, denied pain or shortness of breath, and exhibited clear lung sounds. The patient reported a good appetite and had a bowel movement on the day of the visit. Physical findings included +1 bilateral lower extremity edema, hyperpigmentation of both legs, and scattered open areas on the right leg. The SN provided teaching on the importance of antibiotic adherence and daily wound care. The patient was receptive and actively participated in the instruction. Date of Order 08/16/2025
Order<o:p></o:p> Physician Face-to-Face Date: 08/11/2025
Clinical Condition Requiring Home Care per Certifying Physician: SN disease management DX: Cellulitis of right lower limb
Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
1 - SOC - SN Notes:<o:p></o:p> Physician: Watts, Charlotte<o:p></o:p>

SN Careplans

SN WK1: 1 (08/16/25-08/16/25) ,WK2: 2 (08/17/25-08/23/25) ,WK3: 2 (08/24/25-08/30/25) ,WK4: 2 (08/31/25-09/06/25) ,WK5: 2 (09/07/25-09/13/25) ,WK6: 2 (09/14/25-09/20/25) ,WK7: 2 (09/21/25-09/27/25) ,WK8: 2 (09/28/25-10/04/25) ,WK9: 1 (10/05/25-10/11/25)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5

CAREGIVER: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance

HOSPITALIZATION RISKS: 10. None of the above

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, dependent

SN Goals

PATIENT-STATED GOAL: WOUNDS TO HEAL

GOALS
patient/caregiver recalls
* how to manage skin condition including physician-prescribed treatment
* skin care
* bathing
* sun protection
* diet
* exercise
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 08/16/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Charlotte Watts
2391 Greenspring Dr
Timonium, MD 21093
PHONE: 4103395500 FAX: 14103395960 NPI: 1336481951

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.

F2F date : 08/11/2025

27. Attending Physician's Signature and Date Signed **09/09/2025**: Date of physician last face-to-face

28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

Home Health Certification and Plan of Care

Order ID: 1150/11931

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
27295033	08/16/2025	From: 08/16/2025 To: 10/14/2025	16443	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
John Guidera 86 E Padonia Road Apt 302, LUTHERVILLE TIMONIUM, MD 21093- 443-322-6687	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

edema, swelling of affected area, limited endurance, balance deficit, rough/scaly/cracked skin, discolored patches of skin, open sores/lesions, #1 - Observable Stasis Ulcer - Other - RIGHT LOWER LEG - SCATTERED OPEN AREAS, UNMEASURABLE MODERATE OF AMOUNT OF SS DRAINAGE NOTED

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver., cough/deep breathing exercises, apply anti-embolitic stockings, apply compression bandage, physician-ordered wound care: SN/PT TO PERFORM WOUND CARE TO OPEN AREAS OF THE RIGHT LEG STASIS ULCERS. CLEANSE WITH DAKINS 0.25%; PAT DRY, APPLY XEROFORM TO OPEN AREAS, COVER WITH ABD PADS, WRAP WITH KERLIX AND SECURE WITH ACE WRAPS. DAILY. PATIENT TO PERFORM ON THE DAYS SN NOT AVAILABLE

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to manage skin condition including physician-prescribed treatment skin care bathing sun protection diet exercise, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

patient is adequately supervised

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/16/2025